

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF REVENUE ADMINISTRATION
PARTNERSHIP BUSINESS PROFITS TAX RETURN

1991

OFFICE USE ONLY

For the CALENDAR year 1991 or other tax year beginning and ending
mo day yr mo day yr

Due Date for CALENDAR year is on or before April 15, 1992 or 15th day of 4th month after the close of the fiscal period.

STEP 1
Place
LABEL HERE
Otherwise,
please print
or type

Name of Partnership

FEDERAL IDENTIFICATION NUMBER

Number and Street

PRINCIPAL BUSINESS ACTIVITY CODE

City or Town, State and Zip Code

Follow federal
instructions**STEP 2**
Federal
Information
and Special
Return Types

☐ Check here if the IRS has made any agreed or partially agreed to adjustments for any Federal Income Tax Return filed by the partnership which has not been previously reported to N.H. Years covered by IRS .
Submit changes under a separate cover with form RP-87

☐ INITIAL RETURN☐ AMENDED RETURN☐ FINAL RETURN☐ SHORT PERIOD RETURN

ONLY CHECK IF THE BOX APPLIES — SEE INSTRUCTIONS

STEP 3**COMPLETE PAGE 2 BEFORE COMPUTING TAX****STEP 4**
Figure
Your Tax

9. Adjusted Gross Business Profits (from page 2, line 8) 9.
10. New Hampshire Apportionment Percentage (RP-80, express as a decimal to 6 places) . 10.
11. New Hampshire Taxable Business Profits (line 9 × line 10) 11.
12. New Hampshire Business Profits Tax (line 11 × 8%) 12.

STEP 5
Figure Your
Credits,
Interest
and
Penalties

13. Credits: (a) Tax paid with Application for Extension13(a)
(b) Payments from 1991 Declaration of Estimated Tax13(b)
(c) Credit carried over from prior year13(c)
(d) Credits allowed under RSA 77-A:5 (Attach Form DP-160).13(d)
(e) Payment made with original return (Amended returns only) .13(e)
(f) Other Credits or payments (Attach schedule)13(f)
13.
14. Balance of Tax Due (line 12 less line 13)..... 14.
15. Additions to Tax: (a) Interest.....15(a)
(See instructions) (b) Failure to Pay.....15(b)
(c) Failure to File.....15(c)
(d) Underpayment of Estimated Tax.....15(d)
(e) Substantial Understatement.....15(e)
15.

STEP 6
Figure Your
Balance
Due or
Overpayment

16. Balance Due (line 14 plus line 15.) Make check payable to: State of New Hampshire 16.
(If less than \$1.00 do not pay but still file the return)
17. Overpayment (Line 13 less line 12 adjusted by line 15).....17.
18. Apply Overpayment to: (a) Credit on 1992 Estimate.....18(a)
(b) Refund:18(b)
(Please allow 12 weeks for processing of your refund)

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THIS RETURN MUST BE ACCOMPANIED BY A COMPLETED AND LEGIBLE COPY OF THE US PARTNERSHIP INCOME TAX RETURN, FEDERAL FORM 1065, PAGES 1 THROUGH 4, WITH SUPPORTING SCHEDULES, AND A COPY OF SCHEDULE K-1 FOR EACH PARTNER FOR THE SAME TAXABLE PERIOD.

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

Signature of Partner

Date

Signature of Paid Preparer Other than Taxpayer

Date

Title

Preparer's Identification Number

MAIL TO:

DEPT. OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
61 SOUTH SPRING STREET, P.O. BOX 637
CONCORD, NH 03302-0637

Preparer Address

City or Town, State, and Zip Code

